

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

10 80 985 6 10/26/04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
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TOTAL IND.	2					
TOTAL DEP.	22					
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
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